

Council Regulation EC No. 1/2005 on the protection of animals during transport.
JOURNEY LOG

During the journey the consignment of animals MUST be accompanied by THIS journey log

APHA office address for submissions and returns of Journey Logs

Welfare in Transport Team
Centre for International Trade
Eden Bridge House
Lowther Street
Carlisle
CA3 8DX



Animal & Plant Health Agency

Section 1 Planning

1.1 Organiser's Name and address (a/b) [REDACTED] e- [REDACTED]
1.2 Name of the person in charge of the journey [REDACTED]
1.3 Telephone/Fax [REDACTED]

2 Total expected duration (hours/days) 16.5 hours.

3.1 Place and country of departure [REDACTED]
4.1 Place and country of destination [REDACTED]

3.2 Date 15/2/18 12/02/2018
3.3 Time 06:00 23:55
4.2 Date 12/02/2018
4.3 Time 22:30

5.1 Species Ovines
5.2 Number of animals 450
5.3 Veterinary certificate(s) number(s) INTRA.GB.2018.0003700
Weaned YES Unweaned

5.4 Estimated total weight of the consignment (in kg): 15800
5.5 Total space provided for the consignment (in m²): 100.00

6 List of scheduled resting, transfer or exit points:

6.1 Name of the place where animals are to be rested, or transferred (including exit points)	6.2 Arrival		6.3 Length (in hours)	6.4 Transporter's name and authorisation No (if different from the organiser)
	Date	Time		
Ramsgate Port, Ramsgate, Kent.	12/02/2018	13:00	1	[REDACTED]
Calais Port, Calais, France.	12/02/2018	18:00	One hour	Mld Journey Break

7. I, the organiser, hereby declare that I am responsible for the organisation of the abovementioned journey and I have made suitable arrangements to safeguard the welfare of the animals throughout the journey in accordance with the provisions of Council Regulation (EC) No 1/2005

8. Signature of the organiser [REDACTED]

Official stamp
OFFICIAL VETERINARIAN
UNITED KINGDOM
[REDACTED]

APHA Journey Log Reference
JL12800

Section 2: Place of Departure

1. Keeper at the place of departure – Name and address (if different from the organiser mentioned in section 1)(^a):

[Redacted Name and Address]

Place and member State of departure (^b):

[Redacted Location and Member State]

3. Date and time of first animal loading (^b):

15/2/2018 72⁰⁰

4. Number of animals loaded (^b):

370

5. Identification of the means of transport:

OB 29 JS

6. I, the keeper of the animals at the place of departure, hereby declare that I have been present at the loading of the animals. According to my knowledge, at the time of loading the above mentioned animals were fit for transport and the facilities and procedures for handling the animals were in accordance with the provisions of Regulation (EC) No 1/2005 on the protection of animals during transport and related operations.

7. Signature of the keeper at the place of departure:

[Redacted Signature]

8. Additional checks at departure:

9. Veterinarian at the place of departure (name and address):

10. I, Veterinarian, hereby declare that I have checked and approved the loading of the animals mentioned above. According to my knowledge, at the time of departure, the animals were fit for transport and the means of transport and the transport practices were in accordance with the provisions of Council Regulation (EC) No 1/2005.

11. Signature of the Veterinarian:

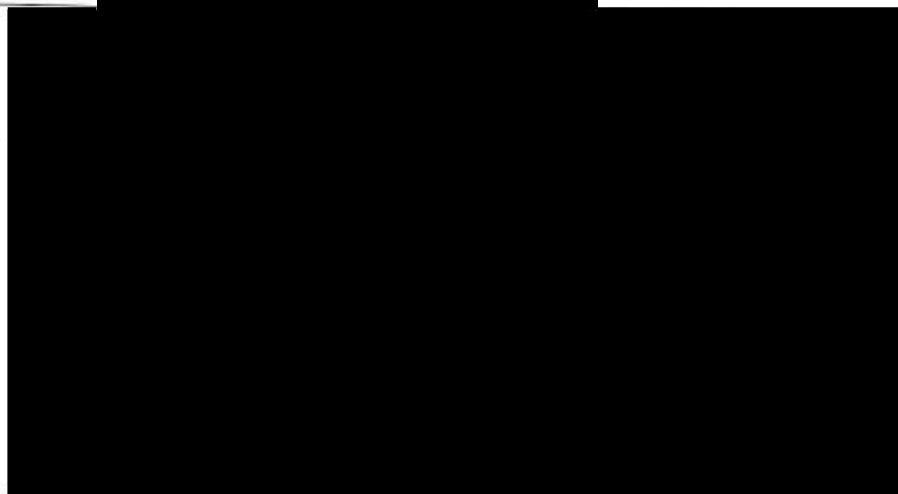
(^a) Keeper: see definition in Article 2(k) of Council Regulation (EC) No 1/2005
(^b) If different from Section 1.

Section 3: Place of Destination

1. Keeper at the place of destination/Official Veterinarian – Name and address ^(a)			
2. Place and Member State of destination ^(b)		3. Date and time of the check:	
4. Checks Performed:		16/2/2018 17 ⁰⁰	
		5. Outcome of the checks	
		5.1. COMPLIANCE	5.2. RESER-VATION(S)
4.1	Transporter ^(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Authorisation number ^(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2	Driver	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Number of the certificate of competence	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3	Means of transport	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Identification ^(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.4	Space allowances	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Average space/animal in m ²	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.5	Journey log records and journey time limits	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.6	Animals (specify the number for each category)		
	Total checked	U Unfit	D Dead
	370	-	-
			F Fit
			370
6. I, the keeper of the animals at the place of destination/official veterinarian, hereby declare that I have checked this consignment of animals. According to my knowledge, at the time of the check the abovementioned findings were recorded. I am aware that the competent authorities must be informed as soon as possible of any reservation there may be and each time dead animals are discovered.			
7. Signature of the keeper at the place of destination/Official Veterinarian (with official stamp):			

- (a) Delete as appropriate.
- (b) If different from Section 1.
- (c) If different from Section 2.

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Section 4: Declaration by the Transporter

To be completed by the driver during the course of the journey and to be available to the competent authorities of the place of departure within one month of the date of arrival at the place of destination.

Actual itinerary – resting, transfer or exit points

Place and address	Arrival		Departure		Length of stop	Reason
	Date	Time	Date	Time		
M/V Joline Ramsgate → Colers <div style="background-color: black; width: 150px; height: 30px; margin: 5px 0;"></div>	16/2	08 ³⁰	16/2	14 ³⁰	5 hrs	Rest / work

Reason for any difference between actual and proposed itinerary/other observations:

Date and time of arrival at the place of destination:
16/2/2018 16⁰⁰

Number and reason for animal injuries and/or deaths during the journey:

DRIVER(S)'s name and signature: A. S. D. Ramsgate

Transporter's name, authorisation number:

As the transporter, I hereby certify that the entries in this document are correct and I am aware that any incident during the journey that leads to animal's death must be reported to the competent authorities of the place of departure.

Date and place:
16/2/18

Transporter signature:

Section 5 - Specimen Anomaly Report No.

A copy of the anomaly report accompanied by a copy of Section 1 of the journey log shall be transmitted to the competent authority.

1. DECLARANT'S name, title and address:	
2. Place and Member State where the anomaly was observed:	3. Date and time when the anomaly was observed:
4. Type of anomaly (ies) pursuant to Council Regulation (EC) No 1/2005:	
4.1. Fitness for transport ⁽¹⁾ <input type="checkbox"/>	4.6. Space allowances ⁽⁶⁾ <input type="checkbox"/>
4.2. Means of transport ⁽²⁾ <input type="checkbox"/>	4.7. Transporter's authorisation ⁽⁷⁾ <input type="checkbox"/>
4.3. Transport practices ⁽³⁾ <input type="checkbox"/>	4.8. Driver certificate of competence ⁽⁸⁾ <input type="checkbox"/>
4.4. Journey time limits ⁽⁴⁾ <input type="checkbox"/>	4.9. Journey log records <input type="checkbox"/>
4.5. Additional provisions for long journeys ⁽⁵⁾ <input type="checkbox"/>	4.10. Other <input type="checkbox"/>
4.11. Remarks:	
5. I hereby declare that I have checked the consignment of the abovementioned animals and have expressed the reservations detailed in this report concerning compliance with the provisions of Council Regulation (EC) No 1/2005 on the protection of animals during transport and related operations	
6. Date and time of the declaration to competent authority:	7. Signature of the declarant:

- (1) Annex I, Chapter I and Chapter VI, paragraph 1.9.
- (2) Annex I, Chapters II and IV.
- (3) Annex I, Chapter III.
- (4) Annex I, Chapter V.
- (5) Annex I, Chapter VI.
- (6) Annex I, Chapter VII.
- (7) Article 6.
- (8) Article 6(5).

The Animal and Plant Health Agency is an Executive Agency of the Department for Environment, Food and Rural Affairs working to safeguard animal and plant health for the benefit of people, the environment and the economy.